FAMILY AND MEDICAL LEAVE REQUEST

T Tempe

Date of Request: _____

Employee's Name: _____ **Employee's ID #:** _____

I am requesting Family & Medical Leave from _____ to _____ for reason number:

1 ☐   2 ☐   3 ☐ . *(See list below.)* The leave I am requesting will be:

☐ Continuous (leave is for a prolonged period of time), or

☐ Intermittent (leave involves taking time off at specified times during the FMLA leave period; e.g., every Thursday and Friday for eight weeks). If intermittent leave is selected, explain below:

The Family and Medical Leave Act (FMLA) of 1993 gives eligible employees up to 12 workweeks (the City of Tempe allows 17 workweeks) of unpaid leave in a calendar year for the following reasons:

1) For the birth and care of a newborn child, or placement of a child with the employee for adoption or foster care.

2) To care for a child, spouse, or parent with a serious health condition. (The City also allows FMLA leave for the care of a domestic partner with a serious health condition.)

3) For the employee's own serious health condition.

To be eligible for Family and Medical Leave, employees must have worked for the City of Tempe for at lease 12 months and have worked at least 1,250 hours (average of 24 hours per week) during the 12 month period immediately preceding the commencement of the leave. For additional information, see Personnel Rules and Regulations, Rule 5, Section 508.

Any employee not working his/her regular schedule for medical reasons shall be required to comply with the reasonable terms of any provider-prescribed treatment plan. Failure to do so could subject the employee to discipline, up to and including discharge.

_____   _____
Employee's Signature   Date   Supervisor's Approval   Date

                                      _____
                                      Department's Authorization   Date

Employee received a copy of the Family and Medical Leave Act (FMLA) Notice of Employee Rights and Obligations on:

_____ . *(Forward completed FMLA Request to Human Resources.)*

Note: A new Family and Medical Leave Request form must be completed for any change to the original request.